

FILED 12 DEC '19 10:20 USD-ORF

## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Portland DIVISIONDANIEL RAY LEVITT

(Enter full name of plaintiff)

Plaintiff,

Civil Case No. 3:19-cv-02026-SI

(to be assigned by Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL  
RIGHTS (PRISONER COMPLAINT)

WCSO DEPUTY UPTON, ANDREW SKINNER  
WASHINGTON COUNTY SHERIFF'S OFFICE, NAPI CARE MEDICAL  
MULTNOMAH COUNTY SHERIFF'S OFFICE  
MULTNOMAH COUNTY JAIL

Jury Trial Demanded

MULTNOMAH COUNTY JAIL MEDICAL☒ Yes☐ No

COLUMBIA COUNTY JAIL  
WELL PATH MEDICAL

(Enter full name of ALL defendant(s))

Defendant(s).

## I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

## Plaintiff

Name: DANIEL RAY LEVITTStreet Address: 3559 SE GSM AVECity, State & Zip Code: PORTLAND, OR 97206Telephone No.: 503-801-3992

Complaint for Violation of Civil Rights (Prisoner Complaint)

[Rev. 01/2018]

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**Defendant No. 1** Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**Defendant No. 2** Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**Defendant No. 3** Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**Defendant No. 4** Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

## II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

FREEDOM AND LIBERTY, CUSTODY RIGHTS, HEALTHCARE, PERSONAL WELL BEING

### III. STATEMENT OF CLAIMS

#### Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

ON OR ABOUT NOVEMBER 7, 2018, WCSO DEPUTY UPTON BROKE STATUTES AND RULES DURING A PURSUIT WHICH CAUSED THE VEHICLE I WAS DRIVING TO WRECK, CAUSING ME MULTIPLE INJURIES. WCSO THEN PRESSED DOCTORS TO RELEASE ME FROM HOSPITAL BEFORE FULLY TREATED. WCSO JAIL STAFF AND NARICARE MEDICAL THEN DID NOT FOLLOW DOCTOR'S CARE ORDERS, NARICARE DENIED ME WHEELCHAIR, MEDICINES, GAVE ME WRONG MEDICINE, DENIED ME ANTIBIOTICS AND SO WOUND WAS NOT PROPERLY HEALED WHEN STICHES REMOVED LEAVING PERMANENT SCARRING, GIVEN WRONG MEDS CAUSING PERMANENT DAMAGE, JAIL DIDN'T FOLLOW JUDGE'S ORDERS RESULTING IN 2 DAYS IN JAIL

#### Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

ANDREW SKINNER DID NOT INFORM ME OF MY RIGHTS, MISFIED DETAINER, LEFT GPS ON TOO LONG, LIED IN PAPERWORK,

ALTERED LIFEWORKS EVALUATION PAPERWORK DELAYING  
TREATMENT, DENYING PROPER TREATMENT, MY FINGER  
WAS BROKEN IN MULT. CO. INVERNESS JAIL, NOT  
TREATED SO IT HEALED/SET WRONG, TOOK WHEELCHAIR,  
DENIED MEDICAL TREATMENT FOR ANKLE AND KNEE INJURIES,  
DENIED ME PRESCRIBED MEDICATIONS

### Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

COLUMBIA COUNTY JAIL, WELLPATH MEDICAL DENIED  
PRESCRIBED MEDICATIONS, DENIED KNEE BRACE, DENIED  
ORTHOTICS + SHOES, DENIED CRUTCHES, NO ALLOW, INADEQUATE  
MATTRESS, IMPROPER CUSTODY HOUSING - PUNISHING ME FOR  
MY DISABILITIES, WARTS, LACK OF PROPER SANITATION  
SUPPLIES, FAULTY WATER TREATMENT SYSTEM

(If you have additional claims, describe them on another piece of paper, using the same outline.)

#### IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

#### V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

ORDER CUSTODY FACILITIES + SERVICES TO PROVIDE PROPER  
NEEDS TO MYSELF AND FUTURE INMATES, AND:

WCSO - \$50,000<sup>00</sup>

NAPHCARE - \$20,000<sup>00</sup>

ANDREW SKINNER - \$20,000<sup>00</sup>

DEBRY UPTON - \$20,000<sup>00</sup>

MULTNOMAH COUNTY JAIL - \$50,000<sup>00</sup>

COLUMBIA COUNTY JAIL - \$20,000<sup>00</sup>

WELL PATH - \$20,000<sup>00</sup>

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8<sup>TH</sup> day of DECEMBER, 2019.

  
(Signature of Plaintiff)